

MISSOURI STATE HIGHWAY PATROL
REQUEST FOR TRAFFIC CRASH REPORT

Please Print Legibly

Date of Request: _____

Date of Accident: _____

Accident Complaint/Incident Number (*if known*): _____

Name of Driver or Vehicle Owner: _____

Accident Location (*include county & roadway name*): _____

Name of Requesting Party: _____

Address of Requesting Party: _____
(Street)

(City) (State) (Zip Code)

Requesting Agency Claim/File/Case Number: _____

Telephone No. of Requesting Party (*include area code*): _____

Reason For Request (*please check all that apply*):

_____ Involved in Crash	_____ Family Member of Person Involved
_____ Owner of Vehicle Involved in Crash	_____ News Media Representative
_____ Insurance Co. Representative of Person Involved	_____ Attorney
_____ Physician of Person Involved	_____ Other (<i>explain</i>) _____
_____ Member of Street Department of Involved Jurisdiction	

Please Indicate the Number of Copies Requested (*price is per item*):

_____ Traffic Crash Report \$4.00

_____ Notary Certification (affidavit) of Traffic Crash Report \$2.00

(*Certification fee is in addition to above fee for accident report.
Request for certified crash reports must be submitted to the
Missouri State Highway Patrol, Traffic Division.*)

For those agencies/individuals not having an established charge account, payment must be made by check or money order payable to: DPS - Missouri State Highway Patrol. Please DO NOT include cash.